

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5	1		1			
6		2		2		
7		2		2		
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50						
TOTAL IND.	3		3			
TOTAL DEP.		10		10		
TOTAL CLAIMS	7		13			

	IND.	DEP.	IND.	DEP.	IND.
51					
52					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					